

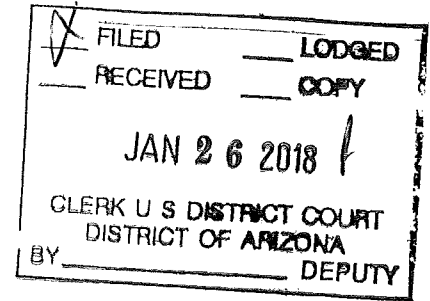
Carlos Miguel Pagan / T426100
 Name and Prisoner/Booking Number

LBJ
 Place of Confinement

3250 W. Lower Buckeye Road
 Mailing Address

Phoenix, Arizona 85009
 City, State, Zip Code

(Failure to notify the Court of your change of address may result in dismissal of this action.)



IN THE UNITED STATES DISTRICT COURT
 FOR THE DISTRICT OF ARIZONA

Carlos Miguel Pagan,
 (Full Name of Plaintiff)

Plaintiff,

v.

(1) OFFICER HEATH CARROLL,
 (Full Name of Defendant)

(2) OFFICER TREVIZO-Flores,
 (Full Name of Defendant)

(3) _____,

(4) _____,

Defendant(s).

☐ Check if there are additional Defendants and attach page 1-A listing them.

CASE NO. CV-18-00289-PHX-DJH--BSB

(To be supplied by the Clerk)

CIVIL RIGHTS COMPLAINT
 BY A PRISONER

- ☒ Original Complaint
☐ First Amended Complaint
☐ Second Amended Complaint

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:

- ☒ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983
☐ 28 U.S.C. § 1331; *Bivens v. Six Unknown Federal Narcotics Agents*, 403 U.S. 388 (1971).
☐ Other: _____

2. Institution/city where violation occurred: Dignity Health ER, Mesa, AZ

B. DEFENDANTS

1. Name of first Defendant: Officer H. Carroll. The first Defendant is employed as: Officer for Mesa at Police Department.
(Position and Title) (Institution)
2. Name of second Defendant: Officer Trevizo-Flores. The second Defendant is employed as: Officer for Mesa at Police Department.
(Position and Title) (Institution)
3. Name of third Defendant: _____. The third Defendant is employed as: _____ at _____.
(Position and Title) (Institution)
4. Name of fourth Defendant: _____. The fourth Defendant is employed as: _____ at _____.
(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☐ Yes ☒ No
2. If yes, how many lawsuits have you filed? _____. Describe the previous lawsuits:
- a. First prior lawsuit:
1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
- b. Second prior lawsuit:
1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
- c. Third prior lawsuit:
1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

D. CAUSE OF ACTION**COUNT I**

1. State the constitutional or other federal civil right that was violated: Constitution Protection
AGAINST CRUEL AND UNUSUAL PUNISHMENT 8th Amendment

2. **Count I.** Identify the issue involved. Check **only one**. State additional issues in separate counts.

<input type="checkbox"/> Basic necessities	<input type="checkbox"/> Mail	<input type="checkbox"/> Access to the court	<input type="checkbox"/> Medical care
<input type="checkbox"/> Disciplinary proceedings	<input type="checkbox"/> Property	<input type="checkbox"/> Exercise of religion	<input type="checkbox"/> Retaliation
<input checked="" type="checkbox"/> Excessive force by an officer	<input type="checkbox"/> Threat to safety	<input type="checkbox"/> Other: _____	

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Count I. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

Officer H. Carroll held me down with an unknown officer while officer Trevizo delivered multiple strikes to the right side of my face, as stated by the witness Tony Nicholas Perry.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

Hearing damage in right ear and visional impairment in right eye, resulting in headaches, nosebleeds, and extreme sensitivity to light and sound. Consulting Neurologists for further damages.

5. **Administrative Remedies:**

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☐ Yes ☒ No
- b. Did you submit a request for administrative relief on Count I? ☐ Yes ☒ No
- c. Did you appeal your request for relief on Count I to the highest level? ☐ Yes ☒ No
- d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

COUNT II

1. State the constitutional or other federal civil right that was violated: 14th Amendment of
Violation of Due Process and Equal Protection of Law

2. **Count II.** Identify the issue involved. Check **only one**. State additional issues in separate counts.

☐ Basic necessities

☐ Mail

☐ Access to the court

☐ Medical care

☐ Disciplinary proceedings

□ Property

☐ Exercise of religion

☐ Retaliation

☒ Excessive force by an officer

☐ Threat to safety

☐ Other:

3. Supporting Facts. State as briefly as possible the FACTS supporting Count II. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

5. Administrative Remedies.

Administrative Remedies.

a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☐ Yes ☐ No

b. Did you submit a request for administrative relief on Count II? ☐ Yes ☐ No

c. Did you appeal your request for relief on Count II to the highest level? ☐ Yes ☐ No

d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not.

COUNT III

1. State the constitutional or other federal civil right that was violated: _____

2. **Count III.** Identify the issue involved. Check **only one**. State additional issues in separate counts.

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____ | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Count III. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

N/A

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

N/A

5. **Administrative Remedies.**

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☐ Yes ☐ No
- b. Did you submit a request for administrative relief on Count III? ☐ Yes ☐ No
- c. Did you appeal your request for relief on Count III to the highest level? ☐ Yes ☐ No
- d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

N/A

If you assert more than three Counts, answer the questions listed above for each additional Count on a separate page.


E. REQUEST FOR RELIEF

State the relief you are seeking:

① A written acknowledgement and apology from each of defendant and published in the AZ Republic for violating my US constitutional rights. Granted in the 14th amendment to due process and equal protection of the law. ② Compensatory damages not to exceed \$500,000 US. ③ Punitive damages not less than \$1.6 million US.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 1/20/18
DATE


SIGNATURE OF PLAINTIFF

(Name and title of paralegal, legal assistant, or other person who helped prepare this complaint)

(Signature of attorney, if any)

(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space, you may attach no more than fifteen additional pages. But the form must be completely filled in to the extent applicable. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages.

MARICOPA COUNTY SHERIFF'S OFFICE

CERTIFICATION

I hereby certify that on this date 01/24/18

I mailed the original and one (1) copy to the Clerk of the United States District Court, District of Arizona.

I further certify that copies of the original have been forwarded to:

___ Hon _____ United States District Court, District of Arizona.

___ Hon _____ United States District Court, District of Arizona.

___ Attorney General, State of Arizona, _____

___ Judge _____ Superior Court, Maricopa County, State of Arizona.

___ County Attorney, Maricopa County, State of Arizona _____


___ Public Defender, Maricopa County, State of Arizona _____

___ Attorney _____

___ Other _____



Legal Support Specialist Signature



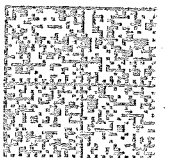
S/N

INMATE LEGAL SERVICES
Maricopa County Sheriff's Office
3250 W. Lower Buckeye Rd.
Phoenix, AZ 85009

1426400
MARICOPA COUNTY SHERIFF'S OFFICE
INMATE LEGAL SERVICES
LOWER BUCKEYE JAIL
3250 WEST LOWER BUCKEYE ROAD
PHOENIX, AZ 85009
S.P.

RECEIVED
JAN 26 2018
CLERK OF THE COURT
UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ARIZONA

U.S. District Court Clerk
U.S. Courthouse, Suite 130
401 W. Washington Street, SPC 10
Phoenix, AZ 85003



U.S.F.
ZIP 8
02 1
0001